UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Rey 1459

P O Box 1450 Alexandria, Virgima 22313-1450 www.usplo.gov

#### NOTICE OF ALLOWANCE AND FEE(S) DUE

22801 7590 06/29/2009

LEE & HAYES, PLLC 601 W. RIVERSIDE AVENUE SUITE 1400 SPOKANE. WA 99201 EXAMINER

WHIPPLE, BRIAN P

ART UNIT PAPER NUMBER

DATE MAILED: 06/29/2009

| APPLICATION NO.                                                              | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |  |  |  |
|------------------------------------------------------------------------------|-------------|----------------------|---------------------|------------------|--|--|--|
| 10/720,499                                                                   | 11/24/2003  | John Hal Howard      | MS1-0367USC1        | 4593             |  |  |  |
| TITLE OF INVENTION; ACCESSING A SERVER USING A USER AUTHENTICATION INDICATOR |             |                      |                     |                  |  |  |  |

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1510        | \$300               | \$0                  | \$1810           | 09/29/2009 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and I/2 the ISSUE FIEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

# Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE IEEE and PUBLICATION IEEE (if required). Blocks 1 through 5 should be completed where accordance A BL further correspondence including the Issuer advances, orders and notification of intensary forces will be myslet for the current correspondence including the Issuer advances, orders and notification of intensary forces will be myslet for the current correspondence including the Issuer advances, orders and notification of intensary forces will be myslet for the current correspondence and accordance and the Issuer advances or other and notification of intensary for intensary for a superior and the Issuer advances or other and notification of intensary for in

| indicated unless correct<br>maintenance fee notifica                                                                                                                                                                                                                                                                                                           | ed below or directed of                                                                                                                                   | herwise in Block 1, by (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | a) specifying a new corre                                                                                                                                                                                                                                                                                                                       | pondence address;                                                                                                                                                                                                                                                                                      | and/or (                                                     | b) indicating a sepa                                                                                             | arate "FEE ADDRESS" for                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                                                                                                                                   |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                 | Note: A certificate of mailing can only be used for domestic mailings of the<br>Fee(s) Transmittal. This certificate cannot be used for any other accompanying<br>papers. Each additional paper, such as an assignment or formal drawing, must<br>have its own certificate of mailing or transmission. |                                                              |                                                                                                                  |                                                                                                                                                      |
| 22801                                                                                                                                                                                                                                                                                                                                                          | 7590 06/29                                                                                                                                                | 9/2009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nav                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                        |                                                              |                                                                                                                  |                                                                                                                                                      |
| LEE & HAYE<br>601 W. RIVERS<br>SUITE 1400                                                                                                                                                                                                                                                                                                                      | SIDE AVENUE                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I he<br>Stat<br>add<br>tran                                                                                                                                                                                                                                                                                                                     | reby certify that the<br>es Postal Service v<br>ressed to the Mail<br>smitted to the USP                                                                                                                                                                                                               | uis Fee(s)<br>vith suffic<br>I Stop IS<br>TO (571)           | f Mailing or Trans<br>Transmittal is being<br>cient postage for fire<br>SUE FEE address<br>273-2885, on the d    | smission<br>g deposited with the United<br>st class mail in an envelope<br>above, or being facsimile<br>late indicated below.                        |
| SPOKANE, WA                                                                                                                                                                                                                                                                                                                                                    | X 99201                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                        |                                                              |                                                                                                                  | (Depositor's name)                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                        |                                                              |                                                                                                                  | (Signature)                                                                                                                                          |
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| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                | FILING DATE                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                        | ATTORN                                                       | NEY DOCKET NO.                                                                                                   | CONFIRMATION NO.                                                                                                                                     |
| 10/720,499                                                                                                                                                                                                                                                                                                                                                     | 11/24/2003                                                                                                                                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | John Hal Howard                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                        | MS                                                           | 1-0367USC1                                                                                                       | 4593                                                                                                                                                 |
| TITLE OF INVENTION                                                                                                                                                                                                                                                                                                                                             | : ACCESSING A SERV                                                                                                                                        | 'ER USING A USER AU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | THENTICATION INDIC.                                                                                                                                                                                                                                                                                                                             | ATOR                                                                                                                                                                                                                                                                                                   |                                                              |                                                                                                                  |                                                                                                                                                      |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                    | SMALL ENTITY                                                                                                                                              | ISSUE FEE DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                             | PREV. PAID ISSU                                                                                                                                                                                                                                                                                        | E FEE                                                        | TOTAL FEE(S) DUE                                                                                                 | DATE DUE                                                                                                                                             |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                 | NO                                                                                                                                                        | \$1510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$300                                                                                                                                                                                                                                                                                                                                           | \$0                                                                                                                                                                                                                                                                                                    |                                                              | \$1810                                                                                                           | 09/29/2009                                                                                                                                           |
| EXAM                                                                                                                                                                                                                                                                                                                                                           | IINER                                                                                                                                                     | ART UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                  | J                                                                                                                                                                                                                                                                                                      |                                                              |                                                                                                                  |                                                                                                                                                      |
| WHIPPLE                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                           | 2452                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 709-225000                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                        |                                                              |                                                                                                                  |                                                                                                                                                      |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).  Change of correspondence address for Change of Correspondence Address from PTO/SB/122) attached.  The Address from Lanched.  The Address indication for Tee Address' Indication form PTO/SB/47; Rev G-3-02 or more recent) attached. Use of a Customer Number is required. |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2. For printing on the patent front page, list (1) the anness of up to 3 registered patent attorneys or agents OR, alternatively (2) the name of a single firm thaving as a member a registered attorney or agent and the names of up to 2 registered attorney or agent and the names of up to 3 listed, no name will be printed.               |                                                                                                                                                                                                                                                                                                        |                                                              |                                                                                                                  |                                                                                                                                                      |
| PLEASE NOTE: Un<br>recordation as set fort<br>(A) NAME OF ASSI                                                                                                                                                                                                                                                                                                 | less an assignee is ident<br>th in 37 CFR 3.11. Comp<br>GNEE                                                                                              | ified below, no assignee<br>pletion of this form is NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (B) RESIDENCE: (CITY                                                                                                                                                                                                                                                                                                                            | atent. If an assign<br>assignment.<br>and STATE OR C                                                                                                                                                                                                                                                   | COUNTR                                                       | Y)                                                                                                               | locument has been filed for                                                                                                                          |
| Please check the appropr                                                                                                                                                                                                                                                                                                                                       | riate assignee category or                                                                                                                                | categories (will not be p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rinted on the patent):                                                                                                                                                                                                                                                                                                                          | Individual 🖵 Co                                                                                                                                                                                                                                                                                        | orporation                                                   | or other private gro                                                                                             | oup entity Government                                                                                                                                |
| 4a. The following fee(s) are submitted:    Issue Fee   Publication Fee (No small entity discount permitted)   Advance Order - # of Copies                                                                                                                                                                                                                      |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4b. Psyment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Psyment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpoyment, to Depoint Account Number  (enclose an extra copy of this form). |                                                                                                                                                                                                                                                                                                        |                                                              |                                                                                                                  |                                                                                                                                                      |
| 5. Change in Entity Sta                                                                                                                                                                                                                                                                                                                                        | itus (from status indicate<br>is SMALL ENTITY stati                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ b. Applicant is no lon                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                        | I I ENTER                                                    | EV -1 6 27 C                                                                                                     | ED 1 27(-)(2)                                                                                                                                        |
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|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                           | nes ratem and reademar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Conte.                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                        |                                                              |                                                                                                                  |                                                                                                                                                      |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                 | Date                                                                                                                                                                                                                                                                                                   | _                                                            |                                                                                                                  |                                                                                                                                                      |
| Typed or printed name                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                 | Registration N                                                                                                                                                                                                                                                                                         |                                                              |                                                                                                                  |                                                                                                                                                      |
| This collection of inform<br>an application. Confiden<br>submitting the complete<br>this form and/or suggest<br>Box 1450, Alexandria, V<br>Alexandria, Virginia 223                                                                                                                                                                                            | nation is required by 37 C<br>tiality is governed by 35<br>d application form to the<br>ions for reducing this bu<br>/irginia 22313-1450. DO<br>313-1450. | CFR 1.311. The information of U.S.C. 122 and 37 CFR and 37 CFR. U.S.C. 122 and 37 CFR are u.S.C. | on is required to obtain or a<br>1.14. This collection is est<br>a depending upon the individence Chief Information Office<br>COMPLETED FORMS TO                                                                                                                                                                                                | etain a benefit by t<br>imated to take 12<br>idual case. Any co<br>or, U.S. Patent and<br>D THIS ADDRESS                                                                                                                                                                                               | the public<br>minutes to<br>mments of<br>Trademar<br>S. SEND | which is to file (and<br>complete, including<br>on the amount of the<br>rk Office, U.S. Dep.<br>TO: Commissioner | d by the USPTO to process)<br>ag gathering, preparing, and<br>me you require to complete<br>artment of Commerce, P.O.<br>for Patents, P.O. Box 1450, |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.



# UNITED STATES PATENT AND TRADEMARK OFFICE

#### NITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Offic Address: COMMISSIONER FOR PATENTS

P O Box 1450 Alexandria, Virgima 22313-1450 www.uspto.gov

DATE MAILED: 06/29/2009

| APPLICATION NO.         | FILING DATE    | FIRST NAMED INVENTOR      | ATTORNEY DOCKET NO. | CONFIRMATION NO. |  |  |  |
|-------------------------|----------------|---------------------------|---------------------|------------------|--|--|--|
| 10/720,499              | 11/24/2003     | John Hal Howard           | MS1-0367USC1        | 4593             |  |  |  |
| 22801 7                 | 590 06/29/2009 |                           | EXAMINER            |                  |  |  |  |
| LEE & HAYES.            | PLLC           | WHIPPLE, BRIAN P          |                     |                  |  |  |  |
| 601 W. RIVERSIDE AVENUE |                |                           | ART UNIT            | PAPER NUMBER     |  |  |  |
| SUITE 1400              |                |                           | 2452                |                  |  |  |  |
| SPOKANE, WA 9           | 99201          | D 1000 3410 TD 06/20/2000 |                     |                  |  |  |  |

## Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 612 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 612 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 (571)-272-4200.

# Application No. Applicant(s) 10/720 499 HOWARD ET AL. Notice of Allowability Examiner Art Unit BRIAN P WHIPPI F 2452 -- The MAILING DATE of this communication appears on the cover sheet with the correspondence address--All claims being allowable, PROSECUTION ON THE MERITS IS (OR REMAINS) CLOSED in this application. If not included herewith (or previously mailed), a Notice of Allowance (PTOL-85) or other appropriate communication will be mailed in due course. THIS NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RIGHTS. This application is subject to withdrawal from issue at the initiative of the Office or upon petition by the applicant. See 37 CFR 1.313 and MPEP 1308. This communication is responsive to the amendment filed on 3/9/09. 2. The allowed claim(s) is/are 1-23. 3. Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f). b) \( \subseteq \text{Some\* c) \subseteq \text{None of the:} 1. T Certified copies of the priority documents have been received. 2. Certified copies of the priority documents have been received in Application No. 3. ☐ Copies of the certified copies of the priority documents have been received in this national stage application from the International Bureau (PCT Rule 17.2(a)). \* Certified copies not received: \_\_\_\_\_. Applicant has THREE MONTHS FROM THE "MAILING DATE" of this communication to file a reply complying with the requirements noted below. Failure to timely comply will result in ABANDONMENT of this application. THIS THREE-MONTH PERIOD IS NOT EXTENDABLE. 4. A SUBSTITUTE OATH OR DECLARATION must be submitted. Note the attached EXAMINER'S AMENDMENT or NOTICE OF INFORMAL PATENT APPLICATION (PTO-152) which gives reason(s) why the oath or declaration is deficient. CORRECTED DRAWINGS (as "replacement sheets") must be submitted. (a) Including changes required by the Notice of Draftsperson's Patent Drawing Review (PTO-948) attached 1) hereto or 2) to Paper No./Mail Date (b) including changes required by the attached Examiner's Amendment / Comment or in the Office action of Identifying indicia such as the application number (see 37 CFR 1.84(c)) should be written on the drawings in the front (not the back) of each sheet. Replacement sheet(s) should be labeled as such in the header according to 37 CFR 1.121(d). 6. DEPOSIT OF and/or INFORMATION about the deposit of BIOLOGICAL MATERIAL must be submitted. Note the attached Examiner's comment regarding REQUIREMENT FOR THE DEPOSIT OF BIOLOGICAL MATERIAL. Attachment(s) 1. Notice of References Cited (PTO-892) 5. Notice of Informal Patent Application 2. Notice of Draftperson's Patent Drawing Review (PTO-948) Interview Summary (PTO-413), Paper No./Mail Date 3. Information Disclosure Statements (PTO/SB/08), 7. T Examiner's Amendment/Comment Paper No./Mail Date 4. ☐ Examiner's Comment Regarding Requirement for Deposit 8. X Examiner's Statement of Reasons for Allowance of Biological Material Other . /Kenny S Lin/

Primary Examiner, Art Unit 2452

Application/Control Number: 10/720,499 Page 2

Art Unit: 2452

REASONS FOR ALLOWANCE

1. Claims 1-23 are allowed.

2. The following is an examiner's statement of reasons for allowance: the prior art fails

to teach or reasonably suggest the claimed invention as a whole. In particular, the prior art

fails to teach or reasonable suggest (as tied to the other limitations) at a time after sending a

the user authentication indicator to the first server:

when the other login information matches the authentication information,

copying cookies to the client, redirecting a browser to an affiliate server, and

indicated a period of time for the cookies to be valid, wherein the cookies are encrypted  $% \left\{ \left( 1\right) \right\} =\left\{ \left($ 

using a key unique to the affiliate server.

Any comments considered necessary by applicant must be submitted no later than the

payment of the issue fee and, to avoid processing delays, should preferably accompany the  $\,$ 

issue fee. Such submissions should be clearly labeled "Comments on Statement of Reasons

for Allowance."

Conclusion

The prior art made of record and not relied upon is considered pertinent to applicant's

disclosure. See the Notice of References Cited (PTO-892).

Page 3

4. Any inquiry concerning this communication or earlier communications from the

examiner should be directed to BRIAN P. WHIPPLE whose telephone number is (571)270-

1244. The examiner can normally be reached on Mon-Fri (9:30 AM to 6:00 PM EST).

If attempts to reach the examiner by telephone are unsuccessful, the examiner's

supervisor, John Follansbee can be reached on (571) 272-3964. The fax phone number for

the organization where this application or proceeding is assigned is 571-273-8300.

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571-272-1000.

Brian P. Whipple

/B. P. W./

Examiner, Art Unit 2452

Art Omt. 2-

6/24/09

/Kenny S Lin/

Primary Examiner, Art Unit 2452